

# **Measuring Customer Service in Sitagu Ayudana Hospital , Sagaing Hills, Sagaing, Myanmar Thin Lei Kyi<sup>1</sup>**

## **Abstract**

This study measures service quality management in Sitagu Ayuda Hospital, Sagging Hill, Sagaing. This was done by determining the current standard of service quality management, identifying the gap between the value and the satisfaction of the service quality dimensions. Following a literature study the empirical research employed a tailor-made 37-item questionnaire to collect data across seven sections, namely: premises/ employees, doctors' medical services, admissions, meals and rooms. A satisfactory response rate of 78% was obtained. The analysis included the demographic profile, reliability of the data (Cronbach alpha coefficients), exploratory factor analysis and descriptive statistics. The results showed that satisfactory levels of service existing (in excess of 80%), management needs to focus on the factors highlighted during the study, with proper maintenance and improvement of the appearance of the facility and providing training to personnel to promote patient relationships. This would provide management with knowledge to address possible shortfalls and improve the level of service quality across the private health sector.

**Key words:** service quality, Cronbach alpha coefficients, exploratory factor analysis

## **1.Introduction**

National Healthcare System is significantly influenced by the private health care available in some country in the South African, even though access to these facilities is very limited to those other than beneficiaries of medical schemes. Private Hospitals in South Africa are mainly classified as short stay hospital (less than 30 days) with these hospitals containing an average of 200 beds. In Myanmar, there are two types of Hospital public Hospital and private Hospital. Public Hospital run by Government Budget and private Hospital run by their fund. In Myanmar, Sitagu Ayudana Hospital is a private Hospital and this hospital was founded by the Venerable Ashin Nyannissara. This Hospital solely depends on, the charity and donation for its sustained activities.

The provision of service quality is of great importance to the management of all service organizations Hospitals should particularly be interested to providing excellent clinical care, also focus on providing quality service to their patients. These facts show that it has, and remains, vitally important in the current competitive market that providers deliver patients satisfaction, quality service and effective medical treatment through the better understanding of service quality as defined by the customer and how to deliver this type of service. The contribution of this paper lies within the validation of a tailor-made customer service model, yet to retain the validated concepts of general customer service models (such as the reliability, tangibility, responsiveness, insurance and empathy). As such this paper presents a validated customer service model that is able to address the specific needs of the hospital environment.

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## **1.1 Objective of the study**

The objective of the study is to develop the types of service quality and to determine the importance stage of service quality for patients at sitagu Ayuda Hospital by using factor Analysis.

## **2. Background Hoistory of Sitagu Ayudana Hospital**

Sitagu Ayudana Hospital is Located in the Sagging Hills. The name of the Hospital Audana means “The donation of life”. This hospital was founded by the Venerable Ashin Nyannissara. The Sitagu Missionary Association was established by the Sayadaw in 1980 the full Moon day of Kason . Sitagu Sayadaw Being a true son of Lord Buddha (whose slogan is “Whoever Monk, would attend me, he should tend the sick”) has endeavored tirelessly to help the suffering humanity, and eradicate the ills of life.

With this noble object in mind, construction of the hospital started in 1985 and inaugurated in March 1990. Due to poverty and lack of medical services, the resident far and near were unable to confront the pressing and necessary needs. The main Objectives of the establishment or this hospital is to fulfill the desire needs especially health care and another purpose is to alleviate from their terrible diseases and nurture without considering the facts upon caste, race, religion etc.

Hospital is giving treatment to the patients from beginning to at that time, especially Monk, Novice and Nuns, patients from the home for the age, the blind and the deaf are given free treatment since this hospital is running on donation, the lay person who can afford donate money. Out of tremendous Compassion and boundless Loving Kindness, the Sitagu Sayadaw founded the hundred-bedded Hospital bearing the characteristics of true Buddhist values. The Hospital complex which includes an Outpatient department and Inpatient wards are housed in seven building. In spite of all this, the hospital boasts a modern laboratory, imaging unit and a general operation theatre. There are special wards for eye patients and separate ophthalmic theatre. Modern diagnostic instruments are equipped.

Consultant of various specialized Internal Medicine, Surgery, Urology, Dentistry, Ophthalmology, Gynecology and Anesthesiology from Mandalay make regular weekly visits and contribute their services to the Hospital. This Hospital solely depends on the charity and donation for its sustained activities. From that we had repaired cleft lip & cleft palate 31st times in our hospital by the Belgium & Germany doctors, 1499 patients. So this hospital can give the beauty of life to the isolated people in society.

The New Eye Care building was constructed by local donors and the operating theatre facilities out fitted with operating microscopes, instrument, Chaco, Emulsifier Accrues, End laser, A-scan, B-scan and Cory Machine, Yang laser & Diode has been installed to update Unit. The Sitagu Special Eye Care Programmed was commenced in1993 and within the period of 20-1 years more 20000 people have regained their vision. Sayadaw has contributed largely to bring the gift of sight & beauty of life to people.

Every year, ophthalmologists from various countries devoted much of their time and expertise towards the care and treatment of patients and because of their performance there is an increase of cataract surgical services and laser therapy. The program me was upgraded on a yearly basis and the credit of the progress goes to sayadaw According to the guideline of Sayadaw and financial donations, the program me of this hospital has programmed and flourished and holds a bright future. Apart from this hospital Sayadaw had expanded out-reach programmers in 20 different regions & state within the country. Doctors, Nurse and Staff visited 90 trips & performed 17101 surgeries within 6 years (Started in 2008 March).

Under the Sayadaw's guidance and financial donations, the programmers has progressed and flourished and holds a bright future. The first program me was initiated by Dr.U San Aye (U.S.A) and Dr. U Thein Myint ( U.K) and we have special programmers every year from October to March with the help of Surgeons from Myanmar and abroad such as, U. K, U. S. A, Belgium, Singapore, Malaysia and Australia. Doctor led by Dr. Car Lum a famous surgeon still perform surgical cases regardless of his age. Another beauty is introduced by local Dermatologist from Yangon who visits Sitagu Ayudana Hospital on weekly & monthly basis to care for skin problems of monks, novice, nuns and lay people. The hospital staff and the monks of the working committee have largely cooperated, thus enhancing to promote fruitful results and for better care for the patients .The patients think of this hospital as their home due to peaceful atmosphere and vibration of Sayadaw's love and compassion.

### **3.Service Quality**

#### **3.1 Defining Service Quality.**

Traditionally service quality was defined by Parasuraman, Zenithal & Berry (1985) as:

The global evaluation or attitude of overall excellence of services”.

Latter, the researchers Sharp, Page and Dawes (2000) followed a new approach, and stated that:

“The conventional attitude-based approach relies on assumptions about the link between evaluations service quality and subsequent behavior which are not supported by the substantive body of research finding about buyer behavior. The attitude-based approach also requires inferences to be made concerning what aspects of service provision determine the attitudes.

A more modern definition of service quality by the more business orientated Business Director (2014) states that service quality can be defined as:

“An assessment of how well a delivered service conforms to the client's expectations. Service business operators often assess the service quality provided to their customer in order to improve their service, to quickly identify problems, and to batter assess client satisfaction”.

Despite a more modern approach to service quality, the traditional approach is still widely practiced in commercial market research, as well as practice and taught in

Universities. The approach has been tried across a number of service categories and markets with promising results. Although this focus on the experience of the medical interaction new research by Fullerton and McCullough (2014) indicated that the implication is that needs to be a medical encounter in order for satisfaction to be impacted. In reality, most patients would rather avoid any medical interaction as this would be the most satisfactory experience. The result of Fullerton and McCullough's study (2014) clearly show that proactive, consumer are more satisfied. They conclude that the healthcare environment has changed considerably over the past 20 years. In this regard, there is a multitude of actions that reflect patients' proactively today that were not options just a few years ago.

### **3.2 Problems with Service Quality Definitions.**

Essentially, any medical service encounter is a negative experience. It is to restore lose health. It is associated with discomfort, pain, risk and in many cases also some degree of humiliation. In this regard patients' service encounters are significantly different from the most other service experiences with are regarded to be either a less negative experience (servicing your vehicle) or even positive service experience (dining out, traveling or holiday accommodation). This poses the first problem of the medical service encounter a difficulty to define quality or to compare the service quality to other industries. This leads to the next difficulty, namely to define service quality accurately. (The diverse views on service quality as discussed above serves as indicator of this difficulty). Wicks and Roethlein (2009, p. 82) stated that there is however no clear universal definition for quality. Finally, most competitive strategies have a strong financial focus where profits and gain rather than customer satisfaction are strived to wards (Hays & Hill, 2006, p. 117).

### **3.3 Importance of Service Quality.**

The globalization of the marketplace is at the forefront of the drive to improve quality services provide to the customer through the increase in application and the introduction of new programs like the Bal ridge Quality Award Program (NSIT, 2010) and the alterations to the ISO 9000 Standards in 2001 Karta, 2002, p. 1). Deming (2000, pp. 10-13) who established many of the principles of quality in 1986, suggested that quality can increase demand and price flexibility. This will lead to an increase in profits as well as productivity with a reduction in waste and rework (Deming, 2000, p p.10-13). This is supported by Kuala (2005), who stated that in order to be recognized in a competitive market and retain the support of satisfied customer; service quality should be used as a tool. Choir et al. (2006, p. 925) found that service and e-service areas have benefited from the focus on the deliverance of quality service, while Rundle-Thiele & Russell-Bennett (2010) also stressed the importance of positive patient service encounters. In essence, it would thus seem that although the most positive service experience in medical fraternity might be, as suggested by Fullerton and McCullough (2014), to be able to avoid it all; together. However, it is also true that no matter the magnitude of proactive patient actions taken, few patients are so lucky as to avoid medical procedures and the resulting patient experience all together. In that sense, traditional satisfaction and the service quality remains an important managerial and competitive strategy, albeit it then be for the unlucky members of society who were unable to avoid medical intervention by means of any other proactive action.

### 3.4 The relationship between service quality and the private healthcare sector.

Quality service in the hospital setting can be provided by several departments including nursing, customer support, food and beverages, laboratory services, pharmaceutical services, information technology, doctors and hospital management. These departments are equally important in providing quality service to the patient, consequently ensuring patient satisfaction (Poi-Mum, 2004, p. 96).

Reasons for improving the service quality in a healthcare institution include:

■ Health Providers believe that improving quality in the private healthcare sector to be the right to do (Direktor , 2007, p. 15).

■ The involvement and satisfaction of the customer affect behavior (Direktor, 2007, p. 15).

■ As the service quality of the provider improves, the expectations of the customer increases. Lee (2005, pp. 1.2) explained that as customers become more quality conscious, requirements for higher quality service increased.

■ Sheety (1987, p. 46) found that not only can service quality lead to competitive advantage, but also increase profitability and reduce costs.

Several studies have shown that there is an important connection between service quality and customer satisfaction (Johns et al., 2004, p. 82) customer retention (Rich held, 1993, p. 65), loyalty (Boshoff & Gray, 2004, p. 27), costs (Reichheld & Sasser, 1990, p. 105), profitability (Rust & zahorik, 1993, p.193), service guarantees (Kandampully & Bulter, 2001,p. 112) and financial performances (Butte, 1996, p. 8) Additionally, These researchers have emphasized the significance of understanding, measuring and improving the quality of service provided by a private hospital parasuraman et al. (1988, p.16) also found that the customers are more likely to recommend a company if they experienced quality service than when they did not. Accordingly, patients rely on their attitudes regarding facilities and health professional to assess their experience (Yesilada & Direkotr, 2010, p. 963). Health professional focus on providing their patients with the best possible treatment.

## 4. Research methodology

**4.1 Questionnaire design.** A question was constructed and employed criteria, experiences and research of previous studies as foundation concepts. The formulation, wording and phrases were modified to be applicable to the current facility and hospital environment . The questionnaire consists of different section that encompassed the services delivered from the hospital and included service quality from admission to the rooms and various other service encounters (Farid, 2008, pp. 55-56). The sections could influence the importance and satisfaction of the patient visiting the facility and has a significant relationship with the service quality provided by the hospital. The following sections, according to (Farid, 2008, pp. 55-56), played an important role in the satisfaction the patients' experience, namely; Premises/ Employee, Doctor's Medical service, Diagnostics, Nursing medical services, Admissions, Meals, and Rooms. This section of the questionnaire consisted of 33 detailed statements divided according to five subsection that measured elements as Tangible, Reliability, Responsiveness , Assurance and Empathy. In addition, these 33 questions were also categorized into the five service dimensions of the proven Servqual<sup>™</sup> model. The questionnaire collected data on both the satisfaction levels and

the importance of the service criteria on 5-point Likert scale. Additionally, the questionnaire also contained a section where demographic variables could be recorded.

**4.2 The sample and collection of the data.** The study population consisted of the patients' visiting a specific Sitagu Ayudana Hospital over a two-week periods. It included patients in the surgical and medical wards. The study made use of a convenience sampling. The Sample consisted of conveniently selected patients from the medical facility throughout the two period. Only patients who were able to complete the questionnaire (not limited due to some medical procedures and medication) were selected to become part of the study. The data was collected by physically distributing the questionnaires to patients at the point of discharge with a request to complete the questionnaires there and then. This provided the respondents with the best possible ability to evaluate the whole service provided to them during their stay in the hospital, whilst the researchers were able to collect the completed questionnaires without. Personnel of the hospital were trained to gather the data, where after they assisted in the distribution and collection of the questionnaires. Where respondents had difficulty in answering the questions the personnel explained the relevant terminology to the respondents. A convenience sample of 150 respondents was drawn, and a total of 134 completed questionnaires were received back, signifying a favorable response rate of 78%. The sample adequacy was statistically determined by calculating the Kaiser, Meyer and Olkin test for sample adequacy (K M O). Bartlett's tests were also calculated. All the values were below the required 0.000 margin showing that the data was suitable for factor analysis.

## 5. Results

### 5.1 Demographic profile.

The demographic profile of patients is illustrated in Table 1.

**Table 5.1 Demographic profile of the Respondents (N=134)**

Items	Category	Frequency	Percentage
Gender	male	54	40.3
	Female	80	59.7
Age	under 18	3	2.2
	18-25	9	6.7
	25-50	15	11.2
	50-75	88	65.7
	Over 75	19	14.2
Races	Buram	113	84.3
	Ethic	19	14.2
	Other	2	1.5

Education	under high School	87	64.9
	High school	7	5.2
	graduate	13	9.7
	post graduate	4	3.0
	other	23	17.2
Income	less than 100000	15	11.2
	100000-200000	10	7.5
	200000-300000	4	3.0
	above 300000	105	78.4
Occupation	government staff	6	4.5
	own business	17	12.7
	other	111	82.8
Types of Doctor	surgeon(local)	21	15.7
	Surgeon(Foregin)	113	84.3

#### **Sources:**Appendix 1

This data which is based on the patients from Sitagu Ayudana Hospital especially they have the eye problem. Total number of patient is 134 and Female respondents comprised the largest part of the study with 80 (59.7%) females completing the questionnaire compared to 54 (40.3%) male respondents. The age of the respondents was ranged from Under 18 to over 75 years. Furthermore, the sample comprised if 84.3%, White, 14.2% Ethic and 1.5% others respondents. According to this Researcher, eye problem suffer (under the age of 18 were 2.2%), (between 18 and 25 were 6.7%), (between 25 and 50 were 11.2%), (between 50 and 75 were 65.7%), (above 75 were 14.2%). Finding that, at the age of above 50% suffer the most eye problems. Among the patients, who come to see the Doctors were 113 Myanmar National, Races 19 and Foreigner were 2. Among the patients, 64.9% were basic education, 5.2% were higher education, 9.7% were post graduate, were post graduate,17.2% were only monistic education. According to their occupation 4.5% were government staff,12.7% were business owner, 82.8% were farmer, peasant and other. Patients got treatment 15.7% from local Surgeon and 84.3% from surgeon.

#### **5.2 Assessing Reliability for Services**

Cronbach's( $\alpha$ ) (alpha) is a coefficient of reliability. It was first named alpha by Lee Cronbach in 1951. It is commonly used as a measure of internal consistency or realibility. There are used Cronbach's alphas is used to measure the reliability of items in this study. A commonly accepted value of Cronbach's alpha is 0.6 as the minimum and higher more than 0.6 are more desirable. Cronbach's alpha will generally increase as the inter-correlations among tests items increase, and is thus

known as an internal consistency estimate of reliability of test score. Table (5.2) presents results of reliability test for each factor. It could be observed that five factors, the alpha values are more than 0.6. According to table (5.2), alpha value

For servants is 0.888 which is the highest alpha value among factors. Computed alpha values exceed 0.6 for all factors. They are doctor's medical care, nursing services, laboratory work, facility and servants. Results show that Cronbach's alpha is 0.862 for all the dimensions (33 items) of factors see table (5.2). These statistics reveal that internal consistency of item to concept is good.

**Table 5.2 Reliability Statistics for Service**

<b>Factor</b>	<b>No. of Item</b>	<b>cornbach's Alpha</b>
Doctor's Medical Care	19	0.673
Nursing Services	4	0.825
Laboratory Work	2	0.625
Facility	5	0.832
Servants	3	0.888
All Dimsesion	33	0.862

**Sources:** Appendix 2

Exploratory factor analysis (EFA) is an important tool for organizational researchers. It can be useful for refining measures, evaluating construct validity, and in some cases testing hypotheses. EFA can be conducted for a variety of researcher purposes. One fundamental distinction is that of simple data reduction versus understanding latent constructs. In this researcher goal is simply to take a fairly large set of variables and reduce them to a smaller, more manageable number while retaining as much of the original variance as possible. Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy compares magnitudes of observed correlation coefficients to partial correlation coefficients. In addition, the overall service quality of the set of variables included in the analysis was 0.780, which is middling sample adequacy for overall service quality of the set of variables. Principal component analysis requires that the probability associated with Bartlett's Test of Sphericity be less than the level of significance. According to table 5.3, the significant probability associated with the Bartlett test is <0.001, which satisfies this requirement.

**Table(5.3)KMO and Bartlett's Test**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.780
Bartlett's	Test of Approx. Chi- Square	2560.840
Sphericity	Df	528
	Sig	0.000

**Source:**SPSS Outputs, Appendix 3



From table (5.4), there were eight eigen values greater than 1.0. The latent root criterion for number of factor to derive would indicate that there were eight components to be extracted for these variables. In addition, the cumulative proportion of variance criteria can be met eight components to satisfy the criterion of explaining 29.043% or more of the total variance. Eight components solution would explain 67.494% of the total variance . Since the SPSS default is to extract the number of components indicated by the latest root criterion, our initial factor solution was based on the extraction of eight components.

**Table 5.4 Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loading		
	Toal	%of	Cumulative	Toal	%of	Cumulative
	Variance	Variance	%	Variance	Variance	%
1	9.584	29.043	29.043	9.584	29.043	29.043
2	3.068	9.298	38.342	3.068	9.298	38.342
3	2.344	7.103	45.444	2.344	7.103	45.444
4	1.868	5.660	51.104	1.868	5.660	51.104
5	1.622	4.914	56.018	1.622	4.914	56.018
6	1.423	4.313	60.332	1.423	4.313	60.332
7	1.218	3.390	64.022	1.218	3.690	64.022
8	1.146	3.472	67.494	1.146	3.472	67.494
9	.949	2.876	70.370			
10	.917	2.779	73.149			
11	.892	2.704	75.853			
12	.747	2.263	78.116			
13	.708	2.144	80.260			
14	.655	1.985	82.245			
15	.643	1.950	84.195			
16	.586	1.777	85.972			
17	.525	1.592	87.564			
18	.464	1.405	88.969			
19	.440	1.333	90.302			
20	.425	1.289	91.591			
21	.395	1.198	92.789			
22	.330	1.000	93.789			
23	.306	.926	94.715			

24	.294	.892	95.607
25	.279	.846	96.453
26	.241	.731	97.184
27	.196	.593	97.777
28	.177	.536	98.313
29	.155	.471	98.784
30	.140	.425	99.208
31	.107	.323	99.531
32	.101	.305	99.836
33	.054	.164	100.000

Extraction Method: Principal Component Analysis.

Appendix 3(B)

### 5.5 Service dimensions

The dimensions of the Servqual™ model (Tangibles, Reliability, Responsiveness, Assurance, Empathy) were represented by the following breakdown of the questions in the questionnaire according to literature and previous studies in the service quality field (Van Heerden,2010; Faid,2008; Bisschoff & Kade, 2010).

**Table 5.5. Breakdown of questions into the Servqual™ dimensions**

Servqual™ dimensions	Question in the Questionnaire
Tangibles	(Factor 1) Q IV .1,2,3,4,5, Q .1,3
Reliability	(Factor 2) QI .6,10,11,13,15,17,19, (Factor 3) QII .1,2,3,4, (Factor 4) QI .12
Responsiveness	(Factor 5) QI .3
Assurance	(Factor 6) QI .16,18, (Factor 7) QI .1,2
Empathy	(Factor 4) QI .4,5,7,8,14

The criteria pertaining to each dimension were subjected were to exploratory factor analysis (Oblimin oblique rotation) to ensure the validity and belongingness of the criterion to the dimension. Concerned with the 33 items which measured the service quality of hospital, 8 factor were retained by the factor analysis. The factors cumulatively explain 67.49% of the variation and the factor with factor loading greater than 0.5 were considered as significant. The sample adequacy was determined by calculating the measure (Kaiser-Meyer-Olkin) value. The K M O value is 0.78.

### Measure Level of satisfaction

$$\text{Range} = \frac{5 - 1}{5} = 0.8$$

Importance level of satisfaction based on the following criteria.

1.00-1.7 is Strongly Dis-satisfied

1.80-2.5	is Dis-satisfied
2.60-3.3	is Moderately Satisfied
3.40	is Satisfied
4.20-5.0	is Strongly Satisfied

## 5.6 Factor analysis on Tangibles

### Dimension I. Tangibles

Question IV. 1,2,3,4,5 and V. 1,3 are concerned with tangible. Therefore this factor is named as tangible factor. This factor can explain 29.04% of variation and it is the most significant factor concerned with the service quality of “Sitagu Ayudana Hospital” According to the result of factor Analysis, the factor one which explain the 29.04% of the variation consists of five items in question no. IV and two items from question no. V. These item are presented in Table (5.6)

### Tangibles (Facilities/premises), (Services/Employee)

**Table 5.6 Factor analysis on Tangibles (Facilities/premises), (Services/Employee)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	IV.1	The hospital has state of the art technological equipment, need and tidy	0.773	4.044	Satisfied
2	IV.2	Easy to find the entrance, exit And the way you want to go	0.865	4.17	Satisfied
3	IV.3	Room are clean and attractive	0.845	4.14	Satisfied
4	IV.4	Hospital id quite	0.563	3.44	Satisfied
5	IV.5	Hospital has good car parking System. Building, landscape and Physical layout is usually appealing.	0.661	2.91	Moderately Satisfied
6	V.1	The employee of the hospital are professional dressed	0.596	4.20	Strongly Satisfied
7	V.3	The personal hygiene of nursing Personnel are exceptional	05.64	4.10	Satisfied
<b>Overall Means Value</b>				<b>3.85</b>	<b>Satisfied</b>

**Sources:**SPSS output

According to Table (5.6),the statement 6□□ The employee of the hospital are professional dresses□□ of Tangible factor is attained the highest level of customer’ satisfaction. The statements 1,2,3,4 and 7 attained the customer’ satisfaction and statement 5 attained the Moderate level of customer Satisfaction. Since Overall Means Value of Tangibles factor is 3.85, this factor attained the customer’ satisfied level.

## 5.7 Factor analysis on Reliability

### Dimension II Reliability

Concerned with Reliability (3)factors: factor 2, factor 3 and factor 8 are retained : These factors are named Reliability concerned with doctor, Reliability concerned with nurse, Reliability concerned with medical care. Among these factor, factor 2 is the second important factor of the Service Quality of Sitagu Ayudana Hospital.

### Reliability I (Doctor's Medical Care)

**Table 5.7 Factor analysis on Reliability (Doctor's Medical Care)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	1.6	Doctor warmly welcome and helpful to patient.	0.704	4.31	Strongly Satisfied
2	1.10	Doctors in the hospital are very Knowledgeable and able to answer question satisfactory.	0.640	4.22	Strongly Satisfied
3	1.11	A skilled doctor is available all the Times in hospital and is aware of specific care for all patients.	0.657	4.14	Satisfied
4	1.13	Doctors explain carefully what is Require for patient's and its diseases, Diagnosis and necessary treatment.	0.669	4.19	Satisfied
5	1.15	Enough time is spent on me as a patient by the doctor.	0.624	4.11	Satisfied
6	1.17	The care provided by the doctors creates a safe environment for patient.	0.534	4.31	Strongly Satisfied
7	1.19	Unnecessary diagnostically medical Treatment are never order by the doctor in the hospital	0.534	4.08	Satisfied
<b>Overall Means Value</b>				<b>4.19</b>	<b>Satisfied</b>

**Sources:** SPSS output

According to Table (5.7), the statement 1.“Doctors warmly welcome and helpful to patient”, the statement 2.“Doctors in the hospital are very knowledgeable and able to answer questions satisfactory”, the statement 6. “The care provided by the doctors creates a safe environmental for patient ” of Reliability factor are attained the highest level of customer' satisfaction. The statements 3,4,5 and 7 attained the customer' satisfaction. Since overall Means Value of Reliability factor is 4.19 so this factor attained the customer' satisfied level.

## Reliability II.(Nursing / Service)

**Table 5.8 Factor analysis on Reliability (Nursing/Service)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	II.1	Nurses communicate clearly in an Acceptable language	0.776	4.11	Satisfied
2	II.2	Nurses are skillful and knowledgeable	0.702	4.11	Satisfied
3	II.3	Nurses have decently, helpfully attention manner.	0.625	4.06	Satisfied
4	II.4	Admission personal (nurse) are friendly and helpful.	0.720	3.96	Satisfied
<b>Overall Means Value</b>				<b>4.06</b>	<b>Satisfied</b>

**Sources:** SPSS output

According to Table (5.8), the statement 1. “Nurse communicate clearly in an acceptable language”, the statement 2. “ Nurses are skillful and knowledgeable”, the statement 3. “ Nurses have decently, helpful attention manner” and statement 4. □□ Admission personal (nurses) are friendly and helpful. □□ All Reliability factors are attained customer’ satisfaction. Since overall Means Values of Reliability factors is 4.06. So these four statement factor analysis on Reliability attained the customer’ satisfied level.

## Reliability III.(Medical Care)

**Table 5.9 Factor analysis on Reliability (Medical Care)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	I.1	Patient satisfy upon doctor medical care	0.783	3.52	Satisfied
<b>Means Value</b>				<b>3.52</b>	<b>Satisfied</b>

**Sources:** SPSS output

According to Table (5.9), the statement is “ patient satisfy upon doctors medical car”. This Reliability factors is attained customer’ satisfaction level because Means Value of Reliability factor is 3.52. This factor also attained the customer’ satisfied level.

## 5.10 Factor analysis on Responsiveness

### Dimension III. Responsiveness (Doctor’s Medical Care)

**Table 5.10 Factor analysis on Responsiveness (Doctor’s Medical Care)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
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1	I.3	Easily Accessible to the medical specialists.	0.775	3.72	Satisfied
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**Means Value** **3.72 Satisfied**

**Sources:** SPSS output

Table (5.10) is Factor analysis on Responsiveness that the statement is “Easily Accessible to the medical specialists”. This Responsiveness factor is attained customer’ satisfaction level because Means Value of Responsiveness factor is 3.72. This factor also attained the customer’ Satisfied level.

### 5.11 Factor analysis on Assurance

#### Dimension IV. Assurance

Table (5.11) and (5.12) are Factor analysis on Assurance. Assurance I. is (Doctor’s Qualification) and Assurance II. Is (Doctor’s Medical Care).

#### Assurance I. (Doctor’s Qualification)

**Table 5.11 Factor analysis on Assurance (Doctor’s Qualification)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	I.16	Doctors in the hospital are accredited with the highest degree.	0.735	4.78	Strongly Satisfied
2	I.18	The excellent reputation of the Doctor proceeds them.	0.808	4.69	Strongly Satisfied
<b>Overall Means Value</b>				<b>4.75</b>	<b>Satisfied</b>

**Sources:** SPSS output

According to Table (5.11) Factor analysis on Assurance of Doctor’s Qualification, the statement (1) is “ Doctors in the hospital are accredited with the highest degree” and “ the statement (2) is the excellent reputation of the doctors proceeds them” are attained customer’ strongly satisfaction level because Mean Value of these two Assurance factor is 4.72. The two statements, Factor Analysis on Assurance of Doctor’s Qualification are also attained the customer’ strongly satisfied level.

#### Assurances II. (Doctor’s Medical Care)

**Table 5.12 Factor analysis on Assurances (Doctor’s Medical Care)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	I.1	Doctors are good at explain and give Advice upon medical problems and relevant investigations.	0.792	4.09	Satisfied
2	I.2	When I go to medical care service,	0.750	4.69	Satisfied

From which careful medical check and give needful medical treatment for me

**Overall Means Value**

**4.12 Satisfied**

**Sources:** SPSS output

According to Table (5.12) Factor analysis on Assurances of Doctor’s Medical Care, the statement (1) is “ Doctors are good at explain and give advice upon medical problems and relevant investigations” and the statement (2) is“ When I go to medical care service, from which careful medical check and give needful medical treatment for me” are attained customer’ satisfaction level. Overall Means Value of these two statements factor analysis on Assurance is 4.12. So these two statement, factor analysis on Assurance of Doctor Medical Care also attained the customer’ satisfied level.

**Dimension V. Empathy**

**Empathy (Doctor’s Medical Care)**

**Table 5.13 Factor analysis on Empathy (Doctor’s Medical Care)**

Sr. No.	Question No	Question	Rotated Correlation	Mean	Level of Satisfaction
1	I.4	Doctors are sometimes use medical terms when do not explain to the patients about the disease process and diagnosis.	0.651	3.25	Moderately Satisfied
2	I.5	Doctors does not have business manner.	0.737	3.60	Satisfied
3	1.7	Doctors in this hospital ignore what I have to say.	0.675	3.63	Satisfied
4	1.8	Doctor never say patient’s personal & keep the patient’s record.	0.646	3.93	Satisfied
5	1.14	It is difficult to get an appointment for Medical care service.	0.608	3.26	Moderately Satisfied

**Overall Means Value**

**3.5 Satisfied**

**Table, Source:** SPSS output

According to Table (5.13) Factor analysis on Empathy of Doctor’s Medical Care, the statement (1) is “ Doctor sometimes use medical terms when do not explain to the patients about the diseases process and diagnosis ” and “ the statement (5) is ” It is difficult to get an appointment for medical care service.“ are attained customer’ Moderately satisfaction level and the statement (2) is” Doctor does not have business manner”, the statement (3)is “ Doctor in this hospital ignore what I have to say”, the

statement (4) is “ Doctor never say patient’s personal & keep the patient’s record” is attained customer’ satisfaction level . Overall Means Value of these five statements factor analysis on Empathy is 3.5 so these factor also attained the customer’ satisfied level.

#### **5.14 Analysis on the Service Quality of Sitagu Ayudans Hospital**

By Factor analysis, eight factors are retained. The are Tangible factor, Reliability factor I.(Doctor’s Medical Care), Reliability factor II. (Nursing / Service), Reliability factor III. (Medical Care), Responsiveness (Doctor’s Medical Care), Assurance factor I. (Doctor’s Qualification), Assurance factor II. (Doctor’s Medical Care), Empathy (Doctor’s Medical Care). Their Mean Score of satisfaction level of patients are presented in Table (5.14)

**Table 5.14 Analysis on the Service Quality of Sitagu Ayudans Hospital**

<b>Sr. No.</b>	<b>Factor</b>	<b>Mean</b>	<b>Level of Satisfaction</b>
1	Tangible factor (Facilities/premises), (Services/ Employee)	3.85	Satisfied
2	Reliability factor I (Doctor’s Medical Care)	4.19	Satisfied
3	Reliability factor II (Nursing/Service)	4.06	Satisfied
4	Reliability factor II (Medical Care)	3.52	Satisfied.
5	Responsiveness (Doctor’s Medical Care)	3.72	Satisfied
6	Assurance factor I (Doctor’s Medical Qualification)	4.75	Satisfied
7	Assurance factor II (Doctor’s medical Care)	4.12	Satisfied
8	Empathy (Doctor’s medical Care)	3.5	Satisfied

According to Table (5.14), the Means score for Assurance factor I (Doctor’s Qualification) is 4.75 and the customer feel Strongly Satisfied concerned with assurance Service Quality of Sitagu Ayudans Hospital. Mean score of other factors are more than 3.5, the customer Satisfaction of the Service Quality concerned of its patients concerned with Service Quality.

#### **6.Conclusion**

The Factor identified through the analysis of the data had a direct descriptive effect on the service quality that the hospital that hospital provided. Sitagu Ayudans Hospital give good Service Quality to the patients. This Hospital get good result from this research of their Service Quality. Service Quality provided by Sitagu Ayudans Hospital was eight factor such as Building, Facilities and Campus, Doctor’s Medical



Care, Nursing/Service, Medical Care, Doctor's Qualification etc by factor analysis on Tangible, Reliability, Responsiveness, Assurance and Empathy, Analysis upon (1) Tangible factor (2) Reliability factor I. (Doctor's Medical Care) (3) Reliability factor II. (Nursing/Service)(4) Reliability factor III. (Medical Care) (5) Responsiveness (Doctor's Medical Care)(6) Assurance factor I. (Doctor's Qualification)(7) Assurance factor II. (Doctor's Medical Care)(8) Empathy (Doctor's Medical Care). Among them, the Tangible factor is the most important because it can explain the 29.04% variation concerned with tangible factor. In the Tangible factor, hospital has only one moderately satisfy customer satisfaction level. According to this result, hospital must have sufficient good car parking system, Sufficient building and furniture, landscape and physical layout is usually appealing make a relax for patients. Doctor's Medical Care, Nursing/ Service, Medical Care get customer satisfaction level of the patients. In the Assurance factor Doctor's Qualification also attained customer strongly satisfied level. Doctor's Medical Care is the reputation than other analysis factor. Factor Analysis on Empathy get moderately satisfied at the two factors. So, Doctor should explain to the patients' disease process and diagnosis and easy to get an appointment for medical care service. Doctors' Qualification is reputation at the Sitagu Ayudana Hospital so Hospital must maintain this reputation. Other service quality reach target because Hospital get satisfied level of customer. The fact that Assurance 1 had the highest level of perceived satisfaction followed by Assurance 2 Provided the hospital with the current points of strengths that can be focused on to ensure continued support from patients. Thus, the hospital was able to instill confidence with the services provided as well as provided a service that is consistently courteous with a high level of knowledge.

Patients rate Responsiveness as the factor with highest importance. Thus patients were expecting that the service will be provided and that the hospital will not be too busy to help as the most important factor pertaining to service quality. The hospital should therefore focus on its ability to provided the required services to the patients as well as assist patients will all there requirements within a reasonable time. The main discrepancy between the factor that patients rated the most important and their satisfaction levels were with Tangibles 1, and Responsiveness. Thus, Assurance was the most important and satisfaction. Thus the condition of tangibles within the facility was not up to standard and need to be addressed to improve the satisfaction of patients with service quality. Furthermore the fact that patient rated Responsiveness as the most important and that the discrepancy between importance and satisfaction was the second highest is an indication that hospital must make this primary focus area for improving service quality at the facility. The factor with the smallest differences between the importance and satisfaction included Tangible 2. This is thus an indication that the hospital is currently able to instill confidence, are consistently courteous and able to instil confidence, are consistently courteous and able to perform the promised service accurately and dependently.

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